



## QUARTERLY REPORT OF COMPLIANCE

Case Number		Quarterly Report Due Date (month, day, year)	
<b>SECTION A: RESPONDENT INFORMATION</b>			
Last Name		First	Middle
Address of Record		City	State Zip Code
Daytime Telephone Number ( )		Has your address of record changed from your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION B: BUSINESS INFORMATION</b> (if applicable, only if owner(s) on probation)			
Current Business Name		License Number	
Address		City	State Zip Code
License Issue Date		License Expiration Date	Any outstanding fines due? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION C: EMPLOYMENT INFORMATION</b> (if applicable)			
Employer Name		License Number	
Address		City	State Zip Code
<b>SECTION D: PROBATION INFORMATION</b>			
Since the last quarterly report have you:			
1. Been arrested, charged or convicted of any crime? (if yes, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Failed to comply with any condition of the terms of probation? (if yes, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Paid your cost recovery payments timely?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Completed your remedial training class? (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Taken the written exam? (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Explanation:</b> (attached additional information as needed)			
<b>SECTION E: APPLICANT CERTIFICATION</b>			
I hereby submit this Quarterly Report of Compliance as required by the Board of Barbering and Cosmetology and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true, and understand that misstatements or omissions of material fact may be cause for revocation of probation.			
Signature		Date	

